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ABSTRACT

Survey and assessment instruments used in the Child Development Associate (CDA) Training Provider Improvement System are offered in this document. Included are a self-assessment tool for CDA training providers and an update of the National Program Survey. The survey was designed to address the need for a national database on the CDA program and collects such information as amount and source of program funds, number and types of trainees, training costs, positions of training providers, training methods, staff responsible for training, and training program impacts. The CDA Training Provider Improvement System was designed to help providers assess the quality of their training and to identify program strengths and weaknesses. The assessment instrument focuses on numbers and types of trainees served; training curricula and methods employed; staff providing training; implementation of CDA training criteria; and program organization, administration, management, processes, costs, outcomes, and impacts. (RH)

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THE CHILD DEVELOPMENT ASSOCIATE PROGRAM:

PROTOTYPE MODEL; CDA TRAINING

PROVIDER IMPROVEMENT SYSTEM

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Office of Human Development Services
Administration for Children, Youth, and Families
Head Start Bureau

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CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

Introduction

The CDA Training Provider Improvement System is designed to meet program needs for better information on CDA training activities in order to facilitate improvements in the operation of CDA training efforts. This system consists of three components: A One Time National Program Survey, A Training Provider Improvement System, and The Child Development Associate Program: A Guide to CDA Program Administration. Although each component is discrete, each also represents a critical link in the system and contributes to the system's overall purposes of developing an information base at local, regional and national levels of the program so that program improvement needs can be more effectively identified and addressed. The One Time National Program Survey provides a means for collecting current information on CDA training programs nationwide. The Training Provider Improvement System is a self assessment tool for CDA training providers, and an update of the National Program Survey. The Child Development Associate Program: A Guide to CDA Program Administration provides guidance to training providers on ways in which they can address program improvement needs identified by the self assessment.

Features of the System

The system is designed to be incorporated into existing Head Start program operations and will not require new initiatives or procedures. It will be regionally administered and will follow existing norms for CDA funding and training delivery. The instruments are designed for easy administration and analysis and are similar in their format to the Program Information Report (PIR). Head Start grantees and CDA training providers will be the primary respondents of the one time national survey, and the information collected from this survey will be incorporated into a National Profile of CDA programs. Self assessments will be completed by the CDA training provider which includes Head Start grantees or contracted institutions and organizations funded by ACYF Regional Offices for CDA training.

The following section describes each component in more detail.

The One Time National Program Survey

This survey is designed to address the need for a national data base on the CDA program and consists of two instruments. One is to be completed by Head Start grantees, delegate agencies, or CDA contractors, and the second is to be completed by the CDA training provider if different from the previous respondent. The information to be collected will be incorporated into a National Profile on the CDA Training Program. This will document the survey findings and will provide information for conducting future comparisons and analyses of CDA program operations. This profile will also represent the major tangible product of the survey.

The survey instruments will collect information on the following aspects of CDA programs:

- amount and source of program funds
- number and types of trainees
- training costs
- providers of training
- training methods
- staff responsible for training
- training program impacts

The instruments will contain pre-coded, forced choice questions which will facilitate the efficient handling and analysis of more than 1200 completed instruments. ACYF Regional Offices will provide the overall administrative management of the survey. They will be responsible for mailing the instruments to the grantees, and for monitoring their completion and return.

CDA Training Provider Improvement System

The CDA Training Provider Improvement System is a self assessment and program improvement tool for training providers. It is designed to help them assess the quality of their training and identify program strengths as well as aspects that may need to be improved. It is a comprehensive program analysis tool and it addresses all of the basic aspects of training organization, management and delivery which need to be examined during a training program assessment. Specifically, it guides training providers through a process of self examination focusing on the following aspects of the program:

- numbers and types of trainees served
- training curricula and methods employed
- staff providing training
- training program processes
- implementation of the CDA training criteria, program organization, administration and management
- training program costs
- training program outcomes and impacts

The assessment tool is designed to be easily administered, and consists largely of forced choice questions. The questions are keyed to analysis procedures, which enable programs to identify areas that may require further examination and program modification. Program administrators are referred to CDA training materials to help them identify and plan for the specific improvements that may be required.

The Child Development Associate Program: A Guide to CDA Program Administration

The Child Development Associate Program: A Guide to CDA Program Administration is a basic manual on CDA program management and administration designed to increase grantee/contractor's overall knowledge of general management concepts and principles, as well as those that guide the management of the CDA program. It describes practices and methods applicable for grantee administered CDA training programs as well as for institutional and contractor administered programs.

The Guide is also keyed to the management and administration sections of the CDA Training Provider Self-Analysis instrument, and includes information on procedures and practices that CDA program administrators can implement to improve their overall program management.

NATIONAL PROGRAM SURVEY

OF HEAD START GRANTEES AND CDA TRAINING PROVIDERS

PART A: NATIONAL PROGRAM SURVEY: HEAD START GRANTEES, DELEGATE AGENCIES, AND CDA CONTRACTORS

PART B: NATIONAL PROGRAM SURVEY: CDA TRAINING PROVIDERS

PART A

NATIONAL PROGRAM SURVEY

FOR GRANTEES, DELEGATE AGENCIES, CONTRACTORS

NATIONAL PROGRAM SURVEY

OF HEAD START GRANTEES AND CDA TRAINING PROVIDERS

WHAT WE ARE SENDING

Attached is the National Program Survey of Head Start Grantees and CDA Training Providers. This survey contains two sets of instruments. Part A is to be completed by the Head Start grantee, delegate, and/or CDA contractor. Part B is to be completed by the institution/agency/grantee providing CDA training to Head Start staff.

FILING DATE: _____

Both sets of completed forms must be returned to ACYF Regional and National Offices no later than _____.

WHERE TO GO FOR HELP

If you have any questions or problems completing these forms, you may contact _____ at _____.

PURPOSE AND NATURE OF THE NATIONAL PROGRAM SURVEY

The Administration for Children, Youth, and Families is conducting a one-time national survey of all Head Start grantees, delegates, and CDA training providers. The survey is needed to establish a national data base on the Head Start/CDA program. This data base will provide quantitative information on CDA training programs, trainees, and program costs. It will address regional and national needs for information on CDA training and technical assistance services. This information will be incorporated into a National Profile on the CDA Training Program.

WHAT YOU SHOULD DO

Part A is to be completed by the Head Start grantee, delegate agency, and/or CDA contractor; and Part B by institutions/agencies/grantees providing CDA training to Head Start staff.

Grantees, delegate agencies and contractors who have CDA training services provided by a training institution/agency are responsible for forwarding Part B to that/those institution(s). Ask the CDA training provider to complete it and return one copy to you, one copy to the ACYF Regional Office, and one copy to the ACYF National Office.

Grantees and delegate agencies which operate full year programs are to complete Part A for those programs they operate directly. Each grantee and delegate agency must complete a separate Part A survey. In no case should data from the delegate agency programs be combined with grantee program data.

Grantees which both operate programs directly and maintain central office staff for their programs and their delegate programs are required to complete all of Part A.

Grantees which do not directly operate a Head Start program but maintain a central office staff to assist delegate agencies in their program operations are to complete Items 1-6.

Grantees which delegate all of their Head Start program operations (do not operate programs directly and do not maintain office staff) are to complete Items 1-6.

You are to report on full year programs; no report is required for summer Head Start programs or for Parent/Child Centers.

FOR MIGRANT PROGRAMS ONLY

Migrant programs which begin operations in October and close in May or June (known as Home-Based Migrant Programs) are to complete this survey and return it by the date in these instructions.

Migrant programs which begin operations in the spring or summer and close in October or November (known as Upstream Programs or Destination Sites) are not required to complete this survey.

WHERE TO MAIL THE FORMS

When Part A is completed by the Head Start grantee, delegate agency or CDA contractor, one copy is to be returned to the ACYF Regional Office:

1) Attention: Regional Program Director, ACYF

_____

_____

_____

and one copy to the ACYF National Office:

2) Attention: _____

_____

_____

When Part B is completed by the CDA training provider:

1. one copy is to be sent to each Head Start agency for whom CDA training is provided.

2. one copy to the ACYF Regional Office:

   Attention: _____

   _____

   _____

3. one copy to the ACYF National Office:

   Attention: _____

   _____

   _____

INSTRUCTIONS ON COMPLETION OF SURVEY ITEMS

Directions for completing the form are with the items on the survey. Some of the items are self-explanatory so that you will not find an explanation with each single item. If an item is not applicable to your program, this should be noted on the form with an "NA". The following symbols should be used:

Item Not Applicable	NA
Entry is Zero	0

DEFINITION OF OPERATING PERIOD

For purposes of this survey, an operating period is defined as the time in which you plan and carry out activities and services for the children enrolled in your 19 -19 program. Note: This is not your budget or funding year.

DEFINITION OF EARLY CHILDHOOD EDUCATION DEGREE

Baccalaureate or higher degree with a major in early childhood education and a minimum of 12 weeks supervised field experience. Teacher training institutions and departments of family studies or home economics (human ecology) offer a major in early childhood education in one, or a combination of the following ways: child development, preschool education, nursery school education, prekindergarten education, or elementary education with a major in early childhood education/development.

National Program Survey

of Head Start Grantees and CDA Training Providers

Department of Health and Human Services • Administration for Children, Youth and Families • Head Start Bureau

One separate Survey form must be completed for <u>each grantee</u> and <u>each delegate agency</u>. <u>Do not</u> combine grantee and delegate agency data on one survey.

Part A

(for: grantees, delegate agencies, CDA contractors)

1. NAME OF GRANTEE OR DELEGATE AGENCY FOR WHICH THIS SURVEY IS SUBMITTED: _____ ACYF Region or IMPD _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: ( ) _____ Head Start Grant Number _____

Head Start Director: _____

NOTE: Give the complete name of the agency directly operating the Head Start programs or paying the staff described in the survey. With the exception of Item 2, all following items will refer only to programs or staff of the agency named in this item.

(If same as above, put "same.")

2. GRANTEE NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: ( ) _____ Executive Director: _____

3. AGENCY DESCRIBED IN THIS REPORT IS: (Check the phrase which describes the agency named in Item 1).

/__/ Grantee which directly operates program(s) (complete all items)

/__/ Grantee which maintains ACYF-funded central office staff only--operates no programs directly (complete items 1 through 6)

/__/ Delegate agency (complete all items)

/__/ Grantee which delegates all of its programs--operates no programs directly and maintains no ACYF-funded central staff (complete items 1 through 6)

4. TYPE OF AGENCY COMPLETING THIS REPORT:

/__/ Community Action Agency

/__/ Local Government Agency (non-CAA)

/__/ School System (public/private)

/__/ Other (specify) _____

/__/ Private/Public Non-Profit (Non-CAA) (e.g., churches, universities, etc.)

5. AREA SERVED: (Check the one which best describes area you serve)

/__/ Urban/Suburban

/__/ Rural

/__/ Both Urban/Suburban and Rural

6. FUNDING FOR CURRENT OPERATING PERIOD

A. Do you receive CYF funding for CDA training?

/__/ Yes /__/ No

(If yes, please complete items A1-A5.)

1. Indicate total dollar amount from Head Start Program Account No. 20 (HSST/CDA funds) direct-funded to your Head Start grantee/ delegate agency (or to you, if a contractor for Head Start CDA): $ _____

(Items A2 and A3 to be completed by grantee only)

2. Indicate total amount of other dollars from P.A. #20 (unrestricted or in-service training) used for CDA training: $ _____

3. Indicate total amount of Head Start funds (non-P.A. #20) used for CDA training $ _____

4. Indicate total amount of all Head Start funding used for CDA training (A1 + A2 + A3) $ _____

5. Indicate average Head Start funding cost per trainee by completing:

Total Head Start Cost for Training (6A-4)	÷	Total Number of Trainees (10A-5)	= $	Average Head Start Cost per Trainee
_____		_____		_____

7. OTHER FUNDING

A. Indicate total dollar amount from non-Head Start funding sources used for CDA training during the current operating year.

1. Tuition waivers $ _____

2. In-kind contributions $ _____

3. Professional staff time (non-CDA paid) $ _____

4. Pell Grants (BEOG) $ _____

5. Other (Specify) _____ $ _____

6. Indicate total amount of all other funding used for CDA (A1 through A5) $ _____

B. Indicate average non-Head Start funding cost per trainee by completing:

Total Non-Head Start Funds (7A-6)	÷	Total Number of Trainers (10A-5)	= $	Average Non-Head Start Cost per Trainee
_____		_____		_____

8. GROSS FUNDING

A. Indicate total non-Head Start gross funding for CDA training (7A-6 + 6A-4) $ _____

B. Indicate gross average cost per trainee by completing:

Total Cost for Training (6A-4 + 7A-6)	÷	Total Number of Trainees (10A-5	= $	Average Gross Cost per Trainee
_____		_____		_____

9. CONTRACT/PURCHASE OF CDA TRAINING (for those grantees, delegate agencies, contractors who have CDA training services provided by an agency/institution)

A. Give the total amount of money budgeted for contracted/purchased CDA training this operating year: $ _____

B. List the names and addresses of the institutions/agencies providing CDA training for your staff, and the number of Head Start staff being trained by each institution. (Use back of this page for additional space if needed).

Name Address	# of Staff in Training

C. CDA training services purchased this operating year:

1. academic courses ☐ Yes ☐ No
2. field supervision ☐ Yes ☐ No
3. consultant time ☐ Yes ☐ No
4. materials ☐ Yes ☐ No
5. other (specify) _____ ☐ Yes ☐ No

10. HEAD START STAFF INFORMATION

A. Number of staff in training. Complete the table below for current staff (without duplication). For each category, indicate the numbers in training by length of time.

Years in CDA Training

	1 year or less*	Between 1-2 years	More than 2 years	Total
1. Classroom Personnel (exclusive of PCC)				
a. No. of Teachers				
b. No. of Aides				
2. Component Staff				
a. Home Visitors				
b. Social Services				
c. Handicapped Services				
3. No. of Volunteers				
a. Teachers				
b. Aides				
4. Other				
a. Specialist/ Coordinator (Specify Component:) _____				
5. Total:				

*Year refers to operating year.

B. The number of credentialed CDAs employed in your agency, by category (without duplication):

1. Teachers _____
2. Teacher Aides _____
3. Bilingual/Bicultural Teachers _____
4. Bilingual/Bicultural Teacher Aides _____

5. Home Visitors _____

6. Social Services Staff _____

7. Handicapped Services Volunteers _____

8. Other Head Start Employees (specify job roles) _____ _____

9. Total (B1 through B8) _____

C. Number of Head Start Classroom Staff Who, in the Last 12 Months have:

1. Left Head Start employment

   a. while in CDA training _____

   b. after being credentialed as a CDA _____

   c. after receiving a B.A. degree _____

2. Dropped out of CDA training _____

3. Were counseled out of CDA training _____

4. Total (C1 through C3) _____

D. The Grantee/Agency has Rewarded or Recognized Staff Receiving the CDA Credential.

☐ Yes ☐ No

1. If yes, CDAs have been recognized by:

   a. verbal or written recognition ☐ Yes ☐ No

   b. promotion ☐ Yes ☐ No

   If yes, list positions to which CDAs were promoted:

   _____

   How many CDAs were promoted? _____

   c. financial ☐ Yes ☐ No

   (specify) _____

   d. other ☐ Yes ☐ No

   (specify) _____

11. CDA TRAINING

A. There is someone on your Head Start staff who coordinates CDA training activities.

☐ Yes ☐ No

(If yes, complete 11A-1 through 11A-3. If no, skip to 11B).

1. Check the position(s) of the Head Start staff member(s) who coordinates CDA training and the percent of time spent on CDA training.

a.	_____	Education Coordinator	_____% CDA
b.	_____	Director	_____% CDA
c.	_____	Head Teacher	_____% CDA
d.	_____	Center Director	_____% CDA
e.	_____	CDA Field Supervisor	_____% CDA
f.	_____	Other (specify)	
		_____	_____% CDA
		_____	_____% CDA

2. If you contract/purchase CDA training services, check the frequency with which meetings are held between the Head Start CDA coordinator and the CDA training provider.

a.	_____	Never
b.	_____	Weekly
c.	_____	Monthly
d.	_____	Every Six Months
e.	_____	Once A Year
f.	_____	Other (specify) _____

3. You have a requirement for a specified number of Head Start/ CDA provider meetings.

☐ Yes ☐ No

a. If yes, how many meetings per year are required? _____

B. Head Start Staff are used as CDA Field Supervisors.

☐ Yes ☐ No

If No, skip to 11C. If Yes, complete 11B-1 and B-2.

1. Check the position(s) of all Head Start staff used in CDA field supervision.

a. _____ Education Coordinator

b. _____ Director

c. _____ Center Director

d. _____ Teacher

e. _____ CDA

f. _____ Other (specify) _____

2. Are Head Start staff used as CDA field supervisors trained for that role by the CDA training provider?

☐ Yes ☐ No

C. On the average, the CDA trainee is observed in the Head Start classroom _____ times per year.

D. The CDA training methods used are:

1.	Academic Course Work	☐ Yes	☐ No
2.	Training Modules	☐ Yes	☐ No
3.	Totally Field-Based Training	☐ Yes	☐ No
4.	Independent Studies	☐ Yes	☐ No
5.	Credit for Life Experience	☐ Yes	☐ No
6.	Credit by Exam	☐ Yes	☐ No
7.	Other (specify _____	☐ Yes	☐ No

12. CDA Program Impact

A. CDA has had the following major positive impacts on your agency:

1.	Staff Skill and Performance	☐ Yes	☐ No
2.	Improved Service to Children	☐ Yes	☐ No

3.	Aid in Compliance with Performance Standards	☐ Yes	☐ No
4.	Changes in Personnel Policies	☐ Yes	☐ No
5.	Improved Staff Morale	☐ Yes	☐ No
6.	Other (specify) _____	☐ Yes	☐ No

B. CDA has had the following major negative impacts on your agency:

1.	Too Much Time Commitment Needed	☐ Yes	☐ No
2.	Expense	☐ Yes	☐ No
3.	Staff Morale	☐ Yes	☐ No
4.	Conflicts with other Training	☐ Yes	☐ No
5.	Personnel Policies	☐ Yes	☐ No
6.	Other (specify) _____	☐ Yes	☐ No

13. NAME OF PERSON to Contact if Additional Information Regarding this Form is Needed:

_____ _____ _____

Name Title Telephone

14. NAME AND TITLE OF APPROVING OFFICIAL (Agency Director or other individual responsible for certifying that this form is the agency's authorized response).

_____ _____ _____

Signature Title Date

15. COMMENTS:

END OF PART A

MAIL ONE COPY OF PART A TO: REGIONAL PROGRAM DIRECTOR, ACYF.

MAIL ONE COPY OF PART A TO: NATIONAL ACYF, ATTENTION:

PART B

NATIONAL PROGRAM SURVEY

FOR CDA TRAINING PROVIDERS

NATIONAL PROGRAM SURVEY

OF HEAD START GRANTEES AND CDA TRAINING PROVIDERS

PART B

What We Are Sending

Attached is the National Program Survey of Head Start Grantees and CDA Training Providers. This survey contains two sets of instruments. Part A is to be completed by the Head Start grantee, delegate Agency, and/or CDA contractor. Part B is to be completed by the institution, contractor, or grantee providing CDA training to Head Start staff.

Filing Date: _____

Both sets of completed forms must be returned to ACYF Regional and National Offices by the respondent no later than _____.

Where to go for Help

If you have any questions or problems completing these forms, you may contact _____ at _____.

Purpose and Nature of the National Program Survey

The Administration for Children, Youth, and Families is conducting a one-time national survey of all Head Start grantees, delegates, CDA contractors, and CDA training providers. The survey is needed to establish a national data base on the Head Start/CDA program. This data base will provide quantitative information on CDA training programs, trainees, and program costs. It will address regional and national needs for information on CDA training and technical assistance services. This information will be incorporated into a National Profile on the CDA Training Program.

What You Should Do

Part A is to be completed by the Head Start grantee, delegate agency, and/or CDA contractor; and Part B by institutions/agencies/grantees providing CDA training to Head Start staff.

Grantees, delegate agencies and contractors who have CDA training services provided by a training institution are responsible for forwarding Part B to that/those institution(s). You are responsible for completing the Part B survey and returning one copy to each individual Head Start grantee/ delegate agency whose staff you train, one copy to the ACYF Regional Office, and one copy to the ACYF National Office.

WHERE TO MAIL THE FORMS: Part B

When Part A is completed by the Head Start grantee, delegate agency or CDA contractor, one copy is to be returned to the ACYF Regional Office:

1) Attention: Regional program Director, ACYF

_____

_____

_____

AND ONE COPY TO THE ACYF National Office:

2) Attention: _____

_____

_____

When Part B is completed by the CDA training provider:

1. one copy is to be sent to each Head Start agency for whom CDA training is provided.

2. one copy to the ACYF Regional Office:

   Attention: Regional Program Director, ACYF

   _____

   _____

   _____

3. one copy to the ACYF National Office:

   Attention: _____

   _____

   _____

Instructions on Completion of Survey Items

Directions for completing the form are with the items on the survey. Some of the items are self-explanatory so that you will not find an explanation with each single item. If an item is not applicable to your program, this should be noted on the form with an "NA". The following symbols should be used:

Item Not Applicable	NA
Entry is Zero	0

Definition of Operating Period

For purposes of this survey, an operating period is defined as the time in which you plan and carry out activities and services for the Head Start staff enrolled in your CDA training program. This is typically the academic year of two semesters or three quarters plus planning periods such as the summer months.

Definition of Early Childhood Education Degree

Baccalaureate or higher degree with a major in early childhood education and a minimum of 12 weeks supervised field experience. Teacher training institutions and departments of family studies or home economics (human ecology) offer a major in early childhood education in one, or a combination of the following ways: child development, preschool education, nursery school education, prekindergarten education, or elementary education with a major in early childhood education/development.

NATIONAL PROGRAM SURVEY

OF HEAD START GRANTEES AND CDA TRAINING PROVIDERS

Department of Health and Human Services • Administration for Children, Youth and Families • Head Start Bureau

One survey form must be completed by each CDA training provider. Copies of the survey Part B must be returned to <u>each</u> Head Start grantee, delegate agency, or contractor served by the CDA training provider.

Part B

(for agencies/institutions providing CDA training to Head Start)

1. NAME OF CDA TRAINING PROVIDER, Institution, Agency for Which this Survey is Submitted: _____ ACYF Region or IMPD _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: ( ) _____

CDA Program Administrator: _____

2. BACKGROUND INFORMATION

A. Agency/Institution Described in this Report is:

1. Head Start grantee/delegate providing own CDA training. ☐ Yes ☐ No

a. If <u>Yes</u>, valid college credit is received from:

_____.

2. Agency/Organization Who Provides CDA training to Head Start Staff. ☐ Yes ☐ No

a. If <u>Yes</u>, valid college credit is received from:

_____

3. College/Institution of Higher Education ☐ Yes ☐ No

   a. If Yes, the academic department from which CDA training is administered.

      1. Education ☐ Yes ☐ No
      2. Home Economics ☐ Yes ☐ No
      3. Continuing Education ☐ Yes ☐ No
      4. Psychology ☐ Yes ☐ No
      5. Child Development ☐ Yes ☐ No
      6. Other (specify) ☐ Yes ☐ No

      _____

4. Other (specify) _____ ☐ Yes ☐ No

   a. If Yes, valid college credit is received from:

      _____

B. INDICATE THE NAME AND ADDRESS of all Head Start Grantees/ Delegate Agencies, and Non-Head Start Agencies (Title XX, BEOG, Private Child Care, etc.) served by your CDA training program, and the number of their staff in training:

	Name Address	No. of Staff in Training
1.	Head Start Grantees/Delegate Agencies	
	Subtotal: Head Start:	
2.	Non-Head Start Agencies (Title XX, BEOG, private, Child Care, etc.)	
	Total: Non-Head Start:	
3.	Total of All CDA Trainees (1 + 2):	

C. The year you first began providing CDA training for Head Start Staff: _____

3. ACADEMIC TRAINING

A. The following categories of personnel (without duplication of job roles) provide <u>academic</u> training in your CDA program:

1. College Faculty ☐ Yes ☐ No

2. Head Start trainers (100% CDA job role) ☐ Yes ☐ No

3. Grantee/delegate staff
   a. Specify job role(s):

   _____ ☐ Yes ☐ No

4. Field supervisors (exclusive of A1 through A3) ☐ Yes ☐ No

5. Consultants ☐ Yes ☐ No

6. Other (specify) _____ ☐ Yes ☐ No

B. Academic Training is Offered:

1. On college campus ☐ Yes ☐ No

2. In Head Start Center ☐ Yes ☐ No

3. Other (specify) _____ ☐ Yes ☐ No

C. Traditional academic courses in Early Childhood Education or related field are modified to meet the CDA Training Criteria. ☐ Yes ☐ No

If No, skip to Item 3D. If Yes, complete Items C1-a through C1-e.

1. The following modifications have been made:

   a. courses organized by CDA Functional Area ☐ Yes ☐ No

   b. supervised field experiences added ☐ Yes ☐ No

   c. courses organized into separate modules for the CDA Competencies/ Functional Areas ☐ Yes ☐ No

   d. courses have been individualized ☐ Yes ☐ No

   e. Other (describe) _____
   _____ ☐ Yes ☐ No

D. Valid College Credit is Provided for:

1. Academic Training ☐ Yes ☐ No

   a. If Yes, total amount of credit available is: _____ semester credit hours or _____ quarter credit hours.

2. Field Supervision ☐ Yes ☐ No

   a. If Yes, total amount of credit available is: _____ semester credit hours or _____ quarter credit hours.

3. Award of CDA credential ☐ Yes ☐ No

   a. If Yes, total amount of credit awarded is _____.

E. The CDA Training Methods Used Are:

1. Academic course work ☐ Yes ☐ No
2. Training Modules ☐ Yes ☐ No
3. Totally Field-based training ☐ Yes ☐ No
4. Independent Study ☐ Yes ☐ No
5. Credit by life experience ☐ Yes ☐ No
6. Credit by exam ☐ Yes ☐ No
7. Other (specify) _____ ☐ Yes ☐ No

F. Academic Training and Field Experiences are Integrated. ☐ Yes ☐ No

If No, skip to Item G. If Yes, complete Item F1-a through F1-d.

1. The following methods are used to integrate academic and field experiences:

   a. Academic instructors and field supervisors are same persons ☐ Yes ☐ No

   b. Team of faculty and CDA field supervisors who confer ☐ Yes ☐ No

   c. Coordination of academic and field curriculum ☐ Yes ☐ No

   d. Others (specify)

   _____ ☐ Yes ☐ No

4. FIELD TRAINING

A. The following Persons Provide CDA Training in the Head Start Centers:

1. College faculty ☐ Yes ☐ No

2. Head Start trainers (100% job role) ☐ Yes ☐ No

3. Head Start grantee/delegate staff

a. Specify job role(s): _____

_____ ☐ Yes ☐ No

4. CDA Field Supervisors ☐ Yes ☐ No

5. Consultants ☐ Yes ☐ No

6. Other (specify) _____ ☐ Yes ☐ No

B. Field Supervision/Training is Offered at:

1. College lab school ☐ Yes ☐ No

2. Head Start site ☐ Yes ☐ No

3. Other (specify) _____ ☐ Yes ☐ No

C. The Ratio of CDA Trainees to Field Supervisor is (e.g., 10 to 1)

_____ to _____.
(CDA trainees) (CDA Field Supervisors)

D. Indicate the frequence of CDA observation of the trainee in the HeadStart classroom working with children and the average length of field supervisor time spent onsite per observation:

a. Visits per year: _____ per trainee

b. Average time spent onsite per visit: _____

5. CDA PROGRAM ADMINISTRATION

A. Records on Trainee Involvement and Training Status are Maintained by the:

1. College ☐ Yes ☐ No

2. Head Start ☐ Yes ☐ No

3. Contractor ☐ Yes ☐ No

4. Other (specify) _____ ☐ Yes ☐ No

B. The CDA Training Provider Performs the Following Activities:

1. Conducts initial appraisal ☐ Yes ☐ No

2. Develops individual training plans ☐ Yes ☐ No

3. Allows exit from training program on an individual basis ☐ Yes ☐ No

4. Gives full credit when the credential is obtained ☐ Yes ☐ No

6. HEAD START TRAINEE POPULATION

A. The Total Number of Head Start Trainees Currently in Your CDA Training (This Operating Year) by Category and Number is:

Category	Number
1. Classroom Personnel	
a. Teachers	_____
b. Aides	_____
2. Component Staff	
a. Home Visitors	_____
b. Social Services	_____
c. Handicapped Services	_____
3. Volunteers	
a. Teachers	_____
b. Aides	_____
4. Others	
a. Specialist/Coordinator (specify component) _____	_____
Total Head Start Enrolled (6A-1 through 6A-4)	_____

B. The Number of Trainees Who Received the CDA Credential During the Most Recent Operating Year is:

_____

C. The Number of Trainees Who Dropped Out of Training Before Receiving the CDA Credential (during the most recent operating year) is:

_____

D. The Total Number of Trainees Who Received the CDA Credential Since the Beginning of Your CDA Training Program is:

_____

E. The Total Number of Trainees Who Dropped Out of Training Before Receiving the CDA Credential Since the Beginning of Your CDA Training Program is:

_____

7. PROGRAM FUNDING AND STAFFING

The focus here is ascertaining the cost of producing credentialed CDAs. In this analysis, it is important to take into account costs that are included beyond funds provided by HSST/CDA (Program Account No. 20).

A. Indicate dollar amounts by category. (State all funding sources your institution/organization received this past year to provide CDA training to Head Start personnel.)

1. Head Start Program Account #20 (HSST/CDA) $_____
2. Other Head Start Funds (non PA #20) $_____
3. Pell Grants (BEOG) $_____
4. University Contributions (i.e., facilities, staff not on CDA payroll, travel, materials, etc.) $_____
5. Tuition Waivers $_____
6. Other (list) _____ $_____

_____ $_____

_____ $_____

7. Total (1-6) $_____

B. Indicate Cost per Intern:

(Total costs ÷ number of trainees = average cost per intern)

1. _____ ÷ _____ = _____
Total Costs (A-7) # of Trainees (2B-1) Average Cost per Intern

C. Cost of Field Supervision

1. Field supervision is provided from HSST/CDA Funds. ☐ Yes ☐ No

If Yes, complete a-b; if No, skip to 2.

a. The dollar amount spent is: $_____

b. What percentage of the HSST/CDA budget is expended for field supervision?

(A1 ÷ C1-a = percentage)

_____ ÷ _____ = _____ %
A1 C1-a

2. Other resources are used for support of field supervision. ☐ Yes ☐ No

If Yes, complete a; if No, skip to b.

a. List these resources and dollar amount:

1. _____ $_____

2. _____ $_____

3. _____ $_____

4. Total: $_____

b. If you answered No to C1 and C2, describe how field supervision is provided:

_____

_____

_____

3. Compute the overall cost for field supervision (1a + 2a-4 = total cost) $_____

4. Average field supervision cost per trainee

(C3 ÷ total # of trainees (2B-1) = average cost per trainee) $_____

Total cost of field supervision (C3)	÷	# of trainees (2B-1)	=	average cost per trainee
_____		_____		_____

8. NAME OF PERSON to Contact if Additional Information Regarding this Form is Needed:

Name	Title	( ) Telephone
_____	_____	_____

9. NAME AND TITLE OF APPROVING OFFICIAL

(Program Director or other individual responsible for certifying that this form is the agency's authorized response.)

Name	Title	Date
_____	_____	_____

_____
Signature

10. COMMENTS

COMMENTS (continued)

End of Part B

Return: One Copy to Each Grantee for Whom CDA Training Services are Provided.

One Copy to ACYF Regional Office: Attention: ACYF Regional Program Director

One Copy to ACYF National Office: Attention:

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

PART I: HEAD START GRANTEES, DELEGATE AGENCIES, AND CDA CONTRACTORS

PART II: CDA TRAINING PROVIDER

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

PART I: GRANTEES, DELEGATE AGENCIES, AND CDA CONTRACTORS

CDA TRAINING PROVIDER

IMPROVEMENT SYSTEM

WHAT WE ARE SENDING

Attached is the CDA Training Provider Improvement System. This package contains two sets of instruments. Part I is to be completed by the Head Start grantee/delegate agency or CDA contractor. Part II is to be completed by the institution/agency providing CDA training to Head Start staff.

FILING DATE: _____

Both parts of completed system must be returned to ACYF Regional and National Offices no later than _____.

WHERE TO GO FOR HELP

If you have any questions or problems completing the instruments, you may contact _____ at _____.

PURPOSE AND NATURE OF THE CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

The Administration for Children, Youth, and Families (ACYF) is implementing a CDA Training Provider Improvement System. The purposes of the system are to update the CDA Program Profile; and to facilitate CDA training program reviews and improvements.

The Training Provider Improvement System is designed to enable the providers of CDA training to analyze their training program practices in relation to ACYF CDA Training Criteria. It is based on the following premises: 1) Analyses of CDA training programs can most efficiently be conducted by the providers themselves; 2) Their involvement in this process will help them identify program areas that need to be strengthened or improved; 3) The identification of problem areas will contribute to efforts designed to accomplish these program improvements.

The self analysis process requires training providers to answer a self-administered questionnaire (Part II) covering major features of their CDA training program, and then analyze their responses to determine the degree of compliance with CDA Training Criteria and other program expectations.

A second purpose of the Training Provider Improvement System is to collect current program information to update the CDA Program Profile which initially will be based on the one-time National CDA Program Survey. Updated program data will be collected from both Head Start grantees, delegate agencies, CDA contractors, and CDA training providers. The Training Provider Improvement System includes two sets of instruments. They are: 1) Program Update Survey (Part I); 2) Training Provider Self Analysis (Part II).

Part I, Program Update Survey for Head Start Grantees, Delegate Agencies and CDA Contractors, is designed to collect current program information for the purposes of updating the regional and National CDA Program Profiles. Part I is to be completed on an annual basis.

Part II, The Training Provider Self Analysis, focuses on the self analysis of program performance. The instrument is to be completed by the CDA training provider on an annual basis, and is to be provided to the Head Start grantee whose staff is being trained, ACYF Regional and National Offices.

WHAT YOU SHOULD DO

Part I, Program Survey Update, is to be completed by the Head Start grantee, delegate agency, and/or CDA contractor; and Part II, CDA Training Provider Self-Analysis, by institutions/agencies providing CDA training to Head Start staff.

Grantees, delegate agencies, and contractors who have CDA training services provided by a training institution/agency are responsible for forwarding Part II to that/those institution(s). Ask the training provider to complete it and return one copy to you, one copy to the ACYF Regional Office, and one copy to the ACYF National Office.

Grantees and delegate agencies which operate full year programs are to complete Part I for those programs they operate directly. Each grantee and delegate agency must complete a separate Part I instrument. In no case should data from the delegate agency programs be combined with grantee program data.

Grantees which both operate programs directly and maintain central office staff for their programs and their delegate programs are required to complete all of Part I.

Grantees which do not directly operate a Head Start program but maintain a central office staff to assist delegate agencies in their program operations are to complete Items 1-8. Grantees which delegate all of their Head Start program operations (do not operate programs directly and do not maintain office staff) are to complete Items 1-8.

You are to report on full year programs; no report is required for summer Head Start programs or for parent and child centers.

You should complete Part I and forward Part II to the institution/agency which provides CDA training to your staff. The training provider should complete Part II and return the completed instrument to you, the Regional Office, and the National Office.

FOR MIGRANT PROGRAMS ONLY

Migrant programs which begin operations in October and close in May or June (known as Home-Based Migrant Programs) are to complete this survey and return it by the date in these instructions.

Migrant programs which begin operations in the spring or summer and close in October or November (known as Upstream Programs or Destination Sites) are not required to complete this survey.

WHERE TO MAIL THE FORMS

When Part I is completed by the Head Start grantee, delegate agency or CDA contractor, one copy is to be returned to the ACYF Regional Office:

1) Attention: Regional Program Director, ACYF

_____

_____

_____

and one copy to the ACYF National Office:

2) Attention: _____

_____

_____

When Part II is completed by the CDA training provider,

1. one copy is to be sent to each Head Start agency for whom CDA training is provided.

2. one copy to the ACYF Regional Office:

Attention: _____

_____

_____

3. one copy to the ACYF National Office:

Attention: _____

_____

_____

_____

INSTRUCTIONS ON COMPLETION OF SURVEY ITEMS

Directions for completing the form are with the items on the survey. Some of the items are self-explanatory so that you will not find an explanation with each single item. If an item is not applicable to your program, this should be noted on the form with an "NA." The following symbols should be used:

Item Not Applicable = NA
Entry is Zero = 0

DEFINITION OF OPERATING PERIOD

For purposes of this survey, an operating period is defined as the time in which you plan and carry out activities and services for the children enrolled in your 19 -19 program. Note: This is not your budget or funding year.

DEFINITION OF EARLY CHILDHOOD EDUCATION DEGREE

Baccalaureate or higher degree with a major in early childhood education and a minimum of 12 weeks supervised field experience. Teacher training institutions and departments of family studies or home economics (human ecology) offer a major in early childhood education in one, or a combination of, the following ways: child development, preschool education, or elementary education with a major in early childhood education/development.

CDA TRAINING PROVIDER

IMPROVEMENT SYSTEM

Department of Health and Human Services • Administration for Children, Youth, and Families • Head Start Bureau

One separate Part I instrument must be completed for each grantee and each delegate agency. Do not combine grantee and delegate agency data on one Part I instrument.

PART I

(For grantees, delegate agencies, CDA contractors)

1. NAME OF GRANTEE OR DELEGATE AGENCY for which this instrument is submitted: ACYF Region or IMPD _____

_____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: ( ) _____ Head Start Grant Number _____

Head Start Director _____

NOTE: Give the complete name of the agency directly operating the Head Start programs or paying the staff described in the instruments. With the exception of Item 2, all following items will refer only to programs or staff of the agency named in this item.

(If same as above, put "same.")

2. GRANTEE NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: ( ) _____ Executive Director: _____

3. AGENCY DESCRIBED IN THIS REPORT IS: (Check the phrase which describes the agency named in Item 1).

☐ Grantee which directly operated program(s) (complete all items)

☐ Grantee which maintaines ACYF-funded central office staff only--operates no programs directly (complete Items 1 through 6)

☐ Delegate agency (complete all Items)

☐ Grantee which delegates all of its programs--operates no programs directly and maintains no ACYF-funded central staff (complete Items 1 through 6)

4. TYPE OF AGENCY COMPLETING THIS REPORT:

☐ Community Action Agency

☐ Local Government Agency (non-CAA)

☐ School System (public/private)

☐ Other (specify) _____

_____

☐ Private/Public Non-Profit (Non-CAA) (e.g., churches, universities, etc.)

5. AREA SERVED: (Check the one which best describes area you serve)

☐ Urban/Suburban

☐ Rural

☐ Both Urban/Suburban and Rural

6. IF YOU CONTRACT FOR OR PURCHASE CDA TRAINING SERVICES, LIST THE NAMES AND ADDRESSES OF THE AGENCY/INSTITUTION(S) PROVIDING CDA TRAINING FOR YOUR STAFF AND THE NUMBER OF STAFF BEING TRAINED BY EACH INSTITUTION.

	Name	Address	# of Staff in CDA training
A.			
B.			
C.			
D.			
E.			

F. _____

G. _____

Total # of Staff in Training _____

7. HEAD START CDA TRAINEE INFORMATION

A. Indicate (without duplication) the number of your Head Start staff currently in CDA training by the following categories of personnel, and length of time in training.

Categories of Personnel	Length of Time in Training: 12 months or less	13-24 months	more than 24 months	Total
1. Classroom Personnel exclusive of PCC)				
a. Teachers				
b. Teacher Aides				
2. Component Staff				
a. Home Visitors				
b. Social Services				
c. Handicapped Services				
3. Volunteers				
a. Teachers				
B. Aides				
4. Other (not included in above)				
a. Specialist/Co-ordinator (specify component) _____				
Totals:				

B. Total # of staff in CDA training: (A1 + A2 + A3 + A4) _____

1. Of the total in training, how many are in training for a Bilingual/Bicultural CDA credential: _____

C. Indicate (without duplication) the qualifications of your Head Start staff by the following categories of personnel:

Categories of Personnel	Qualifications: Have CDA Credential	Have BA Degree	Have CDA & BA	Currently in CDA Training	Need CDA Training
1. Classroom Personnel					
a. Teachers					
b. Aides					
2. Component Staff					
a. Home Visitors					
b. Social Services					
c. Handicapped Services					
3. Volunteers					
a. Teachers					
b. Aides					
4. Others (not included in above)					
a. Specialist/ Coordinator (specify component): _____					
Totals					

(7B)

D. Indicate (without duplication) the number of CDAs employed in your program who were credentialed this operating year, by category:

1. Teachers _____
2. Aides _____
3. Home Visitors _____
4. Social Services Staff _____
5. Handicapped Services Staff _____
6. Volunteers _____
7. Other (specify)_____ _____
8. Total (D1 through D8) _____
9. Of the total (D8), indicate the number who received the bilingual/bicultural CDA credential: _____

E. The grantee/delegate agency has rewarded or recognized Head Start staff receiving the CDA credential in the following ways:

1. Verbal or written communion ☐ Yes ☐ No
2. Promotion ☐ Yes ☐ No
   a. If so, how many CDAs: _____
   b. If so, indicate job role to which CDA was promoted: _____
3. Financial ☐ Yes ☐ No
   a. If so, indicate how _____
   _____
4. Other (specify) _____ ☐ Yes ☐ No

F. The constraints for recognizing new CDAs are:

1. Financial ☐ Yes ☐ No
2. CDA still needs more training ☐ Yes ☐ No
3. Personnel policies ☐ Yes ☐ No
4. Other (specify) _____ ☐ Yes ☐ No

G. Indicate approximate length of CDA training time:

1. Shortest length of time in CDA training: _____
2. Longest length of time in CDA training: _____
3. Average length of time in CDA training: _____

H. Indicate the number of Head Start staff who, in the last year:

1. Left Head Start employment

   a. While in CDA training ____

   b. After being credentialed as a CDA ____

   c. After receiving a B.A. degree ____

2. Dropped out of CDA training ____

3. Were counseled out of CDA training ____

4. Total (H1 through H3) ____

I. Of the total (H4), this operating year, how many CDA trainees were:

1. Bilingual/Bicultural staff ____

2. Home Visitors ____

3. Handicapped Services Staff ____

4. Social Services Staff ____

5. Specialist/Coordinator ____

6. Volunteers ____

7. Other (specify) ____

8. Total number who left staff (I1 through I7) ____

J. Our Head Start program needs CDA training. ☐ Yes ☐ No

K. Our Head Start program needs CDA technical assistance. ☐ Yes ☐ No

1. If yes, indicate the areas of CDA TA needed:

   a. CDA materials ☐ Yes ☐ No

   b. CDA training methodology ☐ Yes ☐ No

   c. Staff responsibilities ☐ Yes ☐ No

   d. Field supervision ☐ Yes ☐ No

e. CDA program administration ☐ Yes ☐ No

f. Other (specify) _____

_____ ☐ Yes ☐ No

8. FUNDING FOR THIS OPERATING YEAR

A. Do you receive CYF funding for CDA training? ☐ Yes ☐ No

(If yes, please complete items A1-A5).

1. Indicate total dollar amount from Head Start Program Account No. 20 (HSST/CDA funds) direct-funded to your Head Start grantee/delegate agency (or to you, if a contractor for Head Start CDA): $ _____

(Items 1a and 1b to be completed by grantee/delegate only).

a. Indicate total amount of other dollars from P.A. #20 (unrestricted or inservice training) used for CDA training: $ _____

b. Indicate total amount of Head Start funds non-P.A. #20 used for CDA training $ _____

c. Indicate total amount of all Head Start funding used for CDA training

(1 + 1a + 1b) $ _____

2. Indicate average Head Start funding cost per trainee by completing:

Total Head Start Cost for Training (A1-c)	÷	Total Number of Trainees (7B)	=	$ Average Head Start Cost per Trainee
_____		_____		_____

B. Other Funding

1. Indicate total dollar amount from non-Head Start funding sources used for CDA training:

a.	Tuition waivers	$ _____
b.	In-kind contributions	$ _____
c.	Professional staff time (non-CDA paid)	$ _____
d.	Pell Grants (BEOG)	$ _____
e.	Other (Specify) _____	$ _____
f.	Indicate toal amount of all other funding used for CDA (1a through 1e)	$ _____

2. Indicate average non-Head Start funding cost per trainee by completing:

_____	÷	_____	= $	_____
Total Non-Head Start Funds (B1-f)		Total Number of Trainers (7B)		Average Non-Head Start Cost per Trainee

C. Indicate total gross funding for CDA training (A1-c + B1-f): $ _____

D. Indicate gross average cost per trainee by completing:

_____	÷	_____	= $	_____
Total Cost for Training (C)		Total Number of of Trainees (7B)		Average Gross Cost per Trainee

E. <u>If you contract</u> for/purchase CDA training services, give the total amount of money budgeted for contracted/purchased CDA training this program year: $ _____

1. The following services were purchased/contracted this year:

a.	Academic courses	☐ Yes	☐ No
b.	Field supervision	☐ Yes	☐ No
c.	Consultant time	☐ Yes	☐ No
d.	Materials	☐ Yes	☐ No
e.	Other (specify)_____	☐ Yes	☐ No

9. CDA TRAINING ACTIVITIES

A. Changes have been made during this operating year in the following:

1. Training Coordination ☐ Yes ☐ No

a. If yes, describe changes: _____

_____

_____

2. Use of Head Start Staff as CDA field supervisors ☐ Yes ☐ No

a. If yes, describe changes: _____

_____

_____

3. Training Methods ☐ Yes ☐ No

a. If yes, describe changes: _____

_____

_____

4. CDA Field Supervision ☐ Yes ☐ No

a. If yes, describe changes: _____

_____

_____

5. Staff Responsibilities ☐ Yes ☐ No

a. If yes, describe changes: _____

_____

_____

6. Other (specify): _____ ☐ Yes ☐ No

_____

_____

_____

B. Participation in CDA Training has resulted in the following major positive impacts:

1.	Staff skills and performance improvement	☐ Yes	☐ No
2.	Improved services to children	☐ Yes	☐ No
3.	Assistance in validation, compliance with performance standards, and program improvement	☐ Yes	☐ No
4.	Changes in personnel policies	☐ Yes	☐ No
5.	Improved staff morale	☐ Yes	☐ No
6.	Other (specify) _____		
	_____	☐ Yes	☐ No

C. CDA has had the following major negative impact on our Head Start program: No

1.	Too Much Time Commitment Needed	☐ Yes	☐ No
2.	Expense	☐ Yes	☐ No
3.	Staff morale	☐ Yes	☐ No
4.	Conflicts with training	☐ Yes	☐ No
5.	Personnel policies	☐ Yes	☐ No
6.	Other (specify) _____		
	_____	☐ Yes	☐ No

10. NAME OF PERSON TO CONTACT if additional information regarding this instrument is needed:

_____ _____ (___)_____
Name Title Telephone

11. NAME AND TITLE OF APPROVING OFFICIAL:

(Agency Director or other individual responsible for certifying that this form is the agency's authorized response)

_____ _____ _____
Name Title Date

12. COMMENTS:

END OF PART I

Mail one copy of Part I to: Regional Program Director, ACYF.

Mail one copy of Part I to: National ACYF, ATTENTION: _____.

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

PART II: CDA TRAINING PROVIDER

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

PART II

Self-Analysis

(To be completed by Head Start CDA Training Providers)

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

PART II

WHAT WE ARE SENDING

Attached is the CDA Training Provider Improvement System. This system contains two parts. Part I is to be completed by the Head Start grantee, delegate agency, and/or CDA contractor. Part II, Self-Analysis, is to be completed by the institution/agency providing CDA training to Head Start staff.

FILING DATE: _____

Both sets of the completed forms must be returned to ACYF Regional and National Offices no later than _____.

WHERE TO GO FOR HELP

If you have any questions or problems completing these forms, you may contact _____
at _____

PURPOSE AND NATURE OF THE CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

The Administration on Children, Youth, and Families (ACYF) has developed a Training Provider Improvement System to support institutions/agencies providing CDA training to Head STart staff and to improve the quality of the training they provide. The attached, Part II: Self-Analysis, represents the cornerstone of the system for the self-assessment and improvement process for providers of CDA training.

WHAT YOU SHOULD DO

Part I is to be completed by the Head Start grantee, delegate agency, and/or CDA contractor; and Part II by the institutions/agencies providing CDA training to Head Start staff.

Grantees, delegate agencies, and/or contractors who have CDA training services provided by a training institution are responsible for forwarding Part II to that/those institution(s). You are responsible for completing the Part II Self-Analysis and returning one copy to each individual Head Start grantee/ delegate agency whose staff you train, one copy to the ACYF Regional Office, and one copy to the ACYF National Office.

WHERE TO MAIL THE FORMS

When Part I is completed by the Head Start grantee, delegate agency or CDA contractor, one copy is to be returned to the ACYF Regional Office:

1) Attention: Regional Program Director, ACYF

_____

_____

_____

and one copy to the ACYF National Office:

2) Attention: _____

_____

_____

When Part II is completed by the CDA training provider,

1. one copy is to be sent to each Head Start agency for whom CDA training is provided.

2. one copy to the ACYF Regional Office:

   Attention: _____

   _____

   _____

3. one copy to the ACYF National Office:

   Attention: _____

   _____

   _____

   _____

INSTRUCTIONS ON COMPLETION OF SELF-ANALYSIS ITEMS

Directions for completing the Self-Analysis are with the items on the instrument. Most of the items are self-explanatory so that you will not find an explanation with each single item. If an item is not applicable to your training program, this should be noted on the form with an "NA." The following symbols should be used:

Item Not Applicable = NA
Entry is Zero = 0

By answering these items and then analyzing your answers, it will be possible for you to identify areas that may required improvement, strengthening, or redirection. A self-analysis work sheet is provided at the end of each section to help you identify program improvement needs, material resources available, and the actions that may be required to accomplish these improvements. The success of this process relies on a thorough and open self-analysis of your CDA training program.

DEFINITION OF OPERATING PERIOD

For purposes of this Self-Analysis, an operating period is defined as the time in which you plan and carry out activities and services for the Head Start staff enrolled in your CDA training program. This is typically the academic year of two semesters or three quarters plus the planning periods such as the summer months.

DEFINITION OF EARLY CHILDHOOD EDUCATION DEGREE

Baccalaureate or higher degree with a major in early child education and a minimum of 12 weeks supervised field experience. Teacher training institutions and departments of family studies or home economics (human ecology) offer a major in early childhood education in one, or a combination of the following ways: child development, preschool education, nursery school education, pre-kindergarten education, or elementary education with a major in early childhood education/development.

CDA TRAINING PROVIDER IMPROVEMENT SYSTEM

Department of Health and Human Services • Administration for Children, Youth, and Families • Head Start Bureau

One Self-Analysis instrument must be completed by each CDA training provider. Copies of the Part II: Self-Analysis must be returned to each Head Start grantee, delegate agency, or contractor served by the CDA training provider, the ACYF Regional Office, and the ACYF National Office.

PART II

(For agencies, institutions providing CDA training to Head Start)

ACYF Region or IMPD _____

1. NAME OF CDA TRAINING PROVIDER, INSTITUTION, AGENCY FOR WHICH THIS SELF-ANALYSIS IS COMPLETED:

_____

Street Address: _____

City: _____ State: _____ Zip Code _____

CDA Program Administrator: _____

2. BACKGROUND INFORMATION

A. Agency/Institution Described in this Report is:

1. Head Start grantee/delegate providing own CDA training ☐ Yes ☐ No

   a. If yes, valid college credit is received from _____.

2. Agency/Organization who provides CDA training to Head Start staff ☐ Yes ☐ No

   a. If yes, valid college credit is received from _____.

3. College/Institution of higher education ☐ Yes ☐ No

a. If yes, please answer 3a-1 through 3a-4. If no, skip to 4.

1. Type of college

a.	Technical college	☐ Yes	☐ No
b.	Junior college	☐ Yes	☐ No
c.	Community college	☐ Yes	☐ No
d.	University	☐ Yes	☐ No
e.	College	☐ Yes	☐ No
f.	Other (specify)	☐ Yes	☐ No

_____

2. Administration

a.	Public	☐ Yes	☐ No
b.	Private	☐ Yes	☐ No
c.	Independent	☐ Yes	☐ No
d.	Other (specify)	☐ Yes	☐ No

_____

3. Grading periods are scheduled on the following basis:

a.	Semester	☐ Yes	☐ No
b.	Quarter	☐ Yes	☐ No
c.	Trimester	☐ Yes	☐ No
d.	Open	☐ Yes	☐ No
e.	Other (specify)	☐ Yes	☐ No

_____

4. The CDA training program is administered by the following academic department (in an institution of higher education):

a.	Child Development	☐ Yes	☐ No
b.	Education	☐ Yes	☐ No

c. Home Economics ☐ Yes ☐ No

d. Continuing Education ☐ Yes ☐ No

e. Psychology ☐ Yes ☐ No

f. Other (specify) ☐ Yes ☐ No

_____

4. Other (specify) _____ ☐ Yes ☐ No

a. If yes, valid college credit is received from

_____.

B. College credit for CDA training is awarded from the following department(s):

1. Education ☐ Yes ☐ No

2. Home Economics ☐ Yes ☐ No

3. Child Development ☐ Yes ☐ No

4. Psychology ☐ Yes ☐ No

5. Continuing Education ☐ Yes ☐ No

6. Other (specify) _____ ☐ Yes ☐ No

C. The CDA training program year is from _____ (month) to _____ (month).

D. The academic year is from _____ (month) to _____ (month).

E. Identify by name and address all Head Start agencies and non Head Start agencies served by your CDA training program and the number of their staff in training. (Use back of page if needed.)

Name/Address of Grantee(s)	Number of Staff in Training
1. Sub-total: Head Start	

2. Total of Other CDA Trainees _____

3. Total of All CDA Trainees (1 + 2) _____

F. Name and position of person completing the Self-Analysis:

_____ (name) _____ (position)

G. Date Self-Analysis Completed: _____

3. CDA TRAINING METHODS

A. The training methods used in implementing the CDA training program are:

1. Academic course work ☐ Yes ☐ No

2. Training modules ☐ Yes ☐ No

3. Totally field-based training ☐ Yes ☐ No

4. Independent studies ☐ Yes ☐ No

5. Credit for life experience ☐ Yes ☐ No

6. Credit by exam ☐ Yes ☐ No

7. Other (specify)_____ ☐ Yes ☐ No

B. Complete the following table for training methods used by your program for each CDA Competency/Functional Area.

Types and Frequency of Methods for CDA Training
for each CDA Competency/Functional Area

CDA Competency/ Functional Areas	Training Method, by Type				
	Academic Course Work	Training Module	Totally Field-Based Training	Independent Studies	Other Methods (Specify)
I. Set up and maintain a safe and healthy learning environment					
A. Safe					
B. Healthy					
C. Environment					
II. Advance physical and intellectual competence					
A. Physical					
B. Cognitive					
C. Language					
D. Creative					
III. Build Positive self-concept and individual strength					
A. Self-Concept					
B. Individual Strength					

CDA Competency/ Functional Areas	Training Method, by Type				
	Academic Course Work	Training Module	Totally Field-Based Training	Independent Studies	Other Methods (Specify)
IV. Organize and sustain positive functioning of children and adults in a group...					
A. Social					
B. Group Management					
V. Bring about optimal coordination of home and center child-rearing practices and expectations					
A. Home					
B. Center					
VI. Carry out supplementary responsibilities related to children's program...					
A. Staff					
VII. Bilingual/ Bicultural					
Frequency of Methods by Type					

Self-Analysis for Section 3. CDA Training Methods

Instructions

Now you are ready to assess your training methods. Please review your answers on the preceding pages and answer the following questions.

A. Is each CDA Competency/Functional Area addressed in the program by more than one method of training? ☐ Yes ☐ No

1. In your judgment, which of the Competency/Functional Areas requires additional training methods not currently available?

_____

_____

B. Is the choice of training methods based on an initial appraisal of each trainee's needs with respect to the acquisition of the Competencies/Functional Areas? ☐ Yes ☐ No

C. Does the program's implementation allow for reconsideration and adjustment of training methods in light of ongoing appraisal? ☐ Yes ☐ No

D. Is there a defined process for integrating the delivery of the academic and field training within the program? ☐ Yes ☐ No

E. Has this process been followed in actual implementation? ☐ Yes ☐ No

F. What changes or improvements are needed to enhance training integration and delivery? Please list below.

_____

_____

_____

G. In view of the training experience during the past year, which, if any, of the existing training methods require change or modification with respect to the individual needs and training plans of the trainees?

_____

_____

_____

H. Does the relationship between the academic delivery and supervised field experience provide continuing communication? ☐ Yes ☐ No

1. What changes do you feel are needed to improve academic and field communication, coordination, and greater responsiveness to the individual needs of trainees?

_____

_____

I. Which needs, if any, should be addressed in improving the knowledge, skills, and abilities of CDA program personnel in the delivery of integrated academic and field training?

_____

_____

J. What updates, modifications, or additions are needed to enhance the existing program training plan? (For example, training content, integration, delivery methods, personnel.)

_____

_____

_____

References:

- The Child Development Associate Program: A Guide to Field Supervision
- The Child Development Associate Program: A Guide to Training
- The Child Development Associate Program: A Guide to Curriculum Development

4. CDA TRAINING REQUIREMENTS

(There are six criteria for Head Start CDA training which must be addressed. Under each criteria there are a number of separate indicators which describe methods of implementing that criterion.)

Self-Analysis for the CDA Training Requirements:

It is important to understand that it generally takes training institutions from two to three years to fully grasp and implement CDA training according

to ACYF's Training Criteria. Therefore, this self-analysis should be seen as a means of improving your program over a period of time, rather than as a one-time judgment.

Ideally, all of your check marks for the criterion indicators should be checked "yes," in order for your program to be in compliance with ACYF's CDA Training requirements.

If any of your indicators in the criteria fall in the "no," category, you should carefully review the activities and make a decision as to how this area could be improved.)

A. CRITERION 1: ALL TRAINING SHOULD BE BASED ON THE CDA COMPETENCIES AND LEAD TO THEIR ACQUISITION.

1.	The thrust of each component of the CDA training program is based on specific CDA Competencies and Functional Areas.	☐ Yes	☐ No
2.	All academic work leads to the attainment of the Competencies and Functional Areas.	☐ Yes	☐ No
3.	All field work leads to the attainment of the CDA Competencies and Functional Areas	☐ Yes	☐ No
4.	Academic and field assignments are formulated for inclusion in the LAT portfolio	☐ Yes	☐ No
5.	The completion of a given segment of the CDA training program is determined by both demonstrated competence in the Head Start classroom and by an evaluation of the trainee's knowledge base.	☐ Yes	☐ No

Self-Analysis for A. Criterion 1: All training should be based on the CDA Competencies and lead to their acquisition.

Review your answers to the indicators of minimum compliance with this CDA Training Criterion. If you answered No to any of these indicators, you may have some gaps in your CDA training program design and/or implementation.

A. If you answered No to any of the five indicators you may want to refer to the references listed below or complete the following activities for assistance in identifying needed changes and directions in which to proceed.

- References: The Child Development Associate Program: A Guide to Curriculum Development

  The Child Development Associate Program: A Guide to Training

  The Child Development Associate Program: A Guide to Field Supervision

  Descriptive Guide to CDA Resources, Volume 2

  LAT Portfolio Guidelines, CDA National Credentialing Program, Bank Street College

- Activities: Review Training Criterion 3, Supervised Field Experience, and Criterion 4, Integration of Academic and Field Experiences, presented later in this Self-Analysis. Correlate the indicators listed with the indicators of Criterion 1, Training Based on the CDA Competencies.

B. List below those areas of improvement needed to more fully meet this Training Criterion.

_____

_____

_____

C. Indicate the actions you plan to take to more fully meet this criterion.

_____

_____

_____

B. CRITERION 2: VALID CREDIT SHOULD BE OFFERED FOR CDA TRAINING.[1] (valid credit means college credit applicable to an AAS or BA/S degree in Early Childhood Education, Child Development, or a related field.)

1. Valid college credit is available for all CDA training. ☐ Yes ☐ No

2. Each trainee can receive college credit for all CDA work (i.e., college course work, independent study, supervised field experience, etc. ☐ Yes ☐ No

[1] Valid credit is required (mandatory) for programs contracted by ACYF to provide HSST/CDA training for grantees by ACYF. Valid credit should be arranged by grantee with a college or university.

3. The CDA curriculum is arranged so that "prerequisite" courses (not related directly to the CDA competencies) are unnecessary. ☐ Yes ☐ No

4. The total amount of valid credit available for CDA training is:

   1. _____ Semester credits
   2. _____ Quarter credits
   3. Other (specify) _____

5. The average amount of credit earned by a CDA trainee while in this program is:

   1. _____ Semester credits
   2. _____ Quarter credits
   3. Other (specify) _____

Self-Analysis for B. Criterion 2: Valid credit should be offered for CDA training.

Review your answers to the indicators of minimum compliance with this CDA Training Criterion.

A. If your response to #1, 2, or 3 was No, you may want to refer to the references listed below for assistance in identifying needed changes and directions in which to proceed.

   - References: CDA Pilots, Innovations in Training

     The Child Development Associate Program: A Guide to Training

B. If you think the average amount of credit earned by a CDA trainee while in your program, #5, needs improvement, you may want to refer to Section 7, Program Process, Outcomes and Impact presented later in the Self-Analysis.

C. List below those areas of improvement needed to more fully meet the Training Criterion.

_____

_____

_____

D. Indicate the actions you plan to take to more fully meet the Criterion.

_____

_____

_____

C. CRITERION 3: FIFTY PERCENT OR MORE OF THE TRAINEE'S TOTAL TRAINING TIME SHOULD BE SPENT IN SUPERVISED FIELD EXPERIENCES.

1. Fifty percent or more of the total training time is given to supervised field work ☐ Yes ☐ No

2. Supervised field work is an integral part of the academic requirements for valid credit. ☐ Yes ☐ No

   a. The curriculum includes field supervision content materials ☐ Yes ☐ No

3. There is a system for revising individual training plans, if needed, as a result of the supervision in the field ☐ Yes ☐ No

4. Indicate the frequency of observation of the trainee in the Head Start classroom working with children and the average length of field supervisor time spent onsite per observation:

   a. Visits per year: _____ per trainee

   b. Average time spent onsite per visit: _____

5. The ratio of CDA field supervisor to trainees is: _____ field supervisor(s) to _____ trainees.

6. Head Start staff members are used in CDA field supervision ☐ Yes ☐ No

   a. If yes, indicate the Head Start staff used by job title: _____

   b. If yes, does your CDA training program provide training for Head Start staff serving as CDA field supervisors? ☐ Yes ☐ No

Self-Analysis for C. Criterion 3: Fifty percent or more of the trainees' total time should be spent in supervised field experiences.

Review your responses to the indicators for meeting this CDA Training Criterion.

A. If your response to #1, 2, or 3 was No, the references listed below may assist you in identifying needed changes and directions in which to proceed.

- References: The Child Development Associate Program: A Guide to Field Supervision

  The Child Development Associate Program: A Guide to Training

B. List those areas of improvement needed to more fully meet this CDA Training Criterion, Supervised Field Experiences.

_____

_____

_____

C. Indicate what actions you intend to take to more fully meet the Criterion.

_____

_____

_____

D. CRITERION 4: TRAINING MUST BE ORGANIZED SO THAT ACADEMIC AND FIELD WORK ARE INTEGRATED.

1. The person providing the academic part of the training adjusts the content of academic material based on the supervised field experience and/or the revised training plan. ☐ Yes ☐ No

2. When the field supervisor and academic trainer positions are filled by different people, the two people communicate regularly regarding the ongoing revision of the individual's training plan. ☐ Yes ☐ No

3. The academic work being undertaken is incorporated in the field supervision. ☐ Yes ☐ No

4. Field work is an integral part of the academic experience. ☐ Yes ☐ No

5. Academic and field experiences are integrated in individual conferences following observation of the trainee working with children. ☐ Yes ☐ No

Self-Analysis for D. Criterion 4: Training must be organized so that academic and field work are integrated.

Review your responses to the indicators describing methods needed to meet this Criterion.

A. If you answered No to any of the five indicators, you may want to refer to the references listed and/or complete the suggested activities for assistance in identifying problem areas and needed changes.

- References: The Child Development Associate Program: A Guide to Curriculum Development

  The Child Development Associate Program: A Guide to Field Supervision

  The Child Development Associate Program: A Guide to Training

- Activities: Review Training Criterion 1, Training Based on the CDA Competencies, and Criterion 3, Supervised Field Experiences. Correlate the indicators and your responses listed under these Criteria with the indicators and your responses for Criterion 4, Integration of Academic and Field Experiences.

  Review Section 5, Program Management and Administration presented later in this Self-Analysis.

B. List those areas of improvement needed to more fully meet this Training Criterion, Integration of Academic and Field Experiences.

_____

_____

_____

C. Indicate the actions you will take to more fully meet the Criterion.

_____

_____

_____

E. CRITERION 5: TRAINING MUST BE INDIVIDUALIZED ACCORDING TO EACH TRAINEE'S STRENGTHS AND NEEDS WITH RESPECT TO ACQUISITION OF THE CDA COMPETENCIES.

1. An initial appraisal of the trainee's strengths and needs in each CDA Functional Area is completed. ☐ Yes ☐ No

2. The initial appraisal results in an individualized CDA training plan, including the academic content to be undertaken, which is agreed to by the trainee and the CDA trainer(s). ☐ Yes ☐ No

3. Individual training plans are revised as a result of ongoing appraisals. ☐ Yes ☐ No

4. Academic and field experiences are provided which are consistent with the preferred learning style of the trainee. ☐ Yes ☐ No

   a. A variety of resource materials are available consistent with the trainee's preferred learning style. ☐ Yes ☐ No

5. Academic experiences are adapted to meet individual training needs. ☐ Yes ☐ No

Self-Analysis for E. Criterion 5: Training must be individualized according to each trainee's strengths and needs with respect to acquisition of the CDA Competencies.

Review your responses to the indicators necessary for meeting this Criterion.

A. If you responded No to any of the five indicators, the references cited may be of assistance in identifying problem areas and directions in which to proceed.

- References: The Child Development Associate Program: A Guide to Field Supervision

  The Child Development Associate Program: A Guide to Training

B. List those areas of improvement needed.

_____

C. Indicate actions you plan to implement to more fully meet the Criterion, Individualization.

F. CRITERION 6: TRAINING MUST BE FLEXIBLY SCHEDULED SO THAT LENGTH OF TRAINING TIME CAN VARY AND SO THAT EXIT FROM THE TRAINING PROGRAM DEPENDS ON EACH TRAINEE'S ACQUISITION OF THE CDA COMPETENCIES.

1. Training is designed so that the trainee can progress at her/his own rate. ☐ Yes ☐ No

2. The trainee can exit the CDA training program as soon as he/she demostrates the CDA Competencies. ☐ Yes ☐ No

3. The trainee can receive credit by exam and/or credit upon award of the CDA credential. ☐ Yes ☐ No

Self-Analysis for F. Criterion 6: Training must be flexibly scheduled so that length of training time can vary and so that exit from the training program depends on each trainee's acquisition of the CDA Competencies.

Review your responses to the indicators for meeting t is Criterion.

A. If your response was No to #1 and/or #2 of the three indicators, you may want to review the references listed and complete the activities suggested for assistance in identifying areas of need and directions for program improvement.

- References: The Child Development Associate Program: A Guide to Training
- Activities: Review Section 5, Program Management, and Section 7, Program Process, presented later in this Self-Analysis, for suggested methods for improvement in this Criterion.

B. List those areas of improvement needed to more fully meet this Training Criterion.

_____

_____

_____

C. Following review, indicate the actions you plan to take to more fully meet the Criterion, Flexible Scheduling.

_____

_____

5. PROGRAM MANAGEMENT AND ADMINISTRATION

A. Program has written contacts which clearly define responsibilities, relationships, and financial arrangements worked out with their cooperating organizations/units. ☐ Yes ☐ No

(If no, go on to Question B. If yes, complete 1a - 1c)

1. Written contracts have been developed with the following groups, if applicable:

a. CDA staff ☐ Yes ☐ No

b. Instructional personnel ☐ Yes ☐ No

c. Head Start agency and personnel ☐ Yes ☐ No

B. A time log is kept on how much time each staff person spends on CDA responsibilities. ☐ Yes ☐ No

C. Grade reports, training observations, and anecdotal data are kept on file for each intern. ☐ Yes ☐ No

D. Adequate time and money have been budgeted for travel and observation of interns. ☐ Yes ☐ No

E. A project accounting of funds is kept by the CDA staff personnel. ☐ Yes ☐ No

F. The CDA staff is involved in developing the CDA project proposal. ☐ Yes ☐ No

G. The CDA project holds regularly scheduled meetings for purposes of communication and information sharing with:

1. CDA staff members ☐ Yes ☐ No
2. Head Start Administrators ☐ Yes ☐ No
3. University Administrators ☐ Yes ☐ No
4. Regional T/Ta Contractors ☐ Yes ☐ No
5. Regional Office ☐ Yes ☐ No

H. A written policy has been formulated with the Head Start program for:

1. participation of the CDA trainer in the LAT ☐ Yes ☐ No
2. participation of the on-the-job supervisor (i.e., teacher, when trainee is an Aide) ☐ Yes ☐ No

I. Agreement has been reached between training institution and grantees on course indicators for meeting the CDA Competencies. ☐ Yes ☐ No

J. Agreements have been reached with the institution's registrar concerning such items as:

1. granting credit for CDA courses ☐ Yes ☐ No
2. special registration policies, if needed. ☐ Yes ☐ No

K. The training institution's administration has been informed of the ACYF CDA Training Criteria and has accepted these criteria for CDA training by the training institution. ☐ Yes ☐ No

L. All CDA courses have been approved by the training institution's system. ☐ Yes ☐ No

M. The program has a defined management plan. ☐ Yes ☐ No

(If No, go on to question N. If yes, complete 1a - 1d.)

1. The management plan contains the following elements:

   a. Project staffing plan ☐ Yes ☐ No

   b. Defined staff roles and responsibilities ☐ Yes ☐ No

   c. Defined procedures for supervisory and support personnel ☐ Yes ☐ No

   d. Procedures for staff development ☐ Yes ☐ No

N. The program has defined financial management procedures ☐ Yes ☐ No

(If No, go on to question O. If yes, complete 1a - 1c.)

1. The financial management procedures address

   a. monitoring and controlling costs ☐ Yes ☐ No

   b. budgeting and budget modifications ☐ Yes ☐ No

   c. financial approval for expenditures ☐ Yes ☐ No

O. The program has defined procedures for the institution's administrative offices (registrar, financial, and etc.)? ☐ Yes ☐ No

P. The program has defined procedures for program coordination and review. ☐ Yes ☐ No

5. Self Analysis for Program Management and Administration

A. Review your answers to questions A, B, D, and M, addressing program management procedures. If you answered No to any of these questions you may have some gaps in your management procedures. You may want to refer to The Child Development Associate Program: A Guide to Program Administration for assistance in identifying needed changes.

1. Based on this review, what problems or needs have been observed and what changes are needed?

Problems	Needed Changes

B. Review your answers to questions E and N addressing financial management procedures. If you answered No to either of these questions you may have some gaps in your financial management procedures and you may want to refer to The Child Development Associate Program: Guide to CDA Program Administration for assistance.

1. Based on your review, what problems or deficiencies have been observed and what changes are needed?

Problems	Needed Changes

C. Review your answers to questions C, F, G, H, I, J, K, L, O, and P, addressing program procedures for coordination and communication. If you answered No to any of these questions you may have some gaps on your procedures for coordination and communication and you may want to refer on The Child Development Associate Program: Guide to CDA Program Administration for assistance.

1. Based on your review, what problems or deficiencies have been observed and what changes are needed?

Problems	Needed Changes

6. Program Costs

The focus here is ascertaining the cost of producing credentialed CDAs. In this analysis, it is important to take into account costs that are included beyond funds provided by HSST/CDA (Program Account No. 20).

A. Indicate dollar amounts by category. (State all funding sources your institution/organization received this past year to provide CDA training to Head Start personnel.)

1. Head Start Program Account #20 (HSST/CDA) $_____

2. Other Head Start Funds (non PA #20 $_____

3. Pell Grants (BEOG) $_____

4. University Contributions (i.e., facilities, staff not on CDA payroll, travel, materials, etc.) $_____

5. Tuition Waivers $_____

6. Other (list) _____ $_____

_____ $_____

_____ $_____

7. Total (1-6) $_____

B. Indicate Cost per Intern:

(Total costs ÷ number of trainees = average cost per intern)

1. _____ ÷ _____ = _____

Total Costs (6A-7) | # of Trainees (2E-3) | Average Cost per Intern

C. Cost of Field Supervision

1. Field supervision is provided from HSST/CDA Funds. ☐ Yes ☐ No

If Yes, complete a-b; if No, skip to 2.

a. The dollar amount spent is: $_____

b. What percentage of the HSST/CDA budget is expended for field supervision?

(6A-1 ÷ 6C-1-a = percentage) _____%

2. Other resources are used for support of field supervision. ☐ Yes ☐ No

If Yes, complete a; if No, skip to b.

a. List these resources and dollar amount:

1. _____ $_____

2. _____ $_____

3. _____ $_____

4. Total: $_____

b. If you answered No to C1 and C2, describe how field supervision is provided:

_____

_____

_____

3. Compute the overall cost for field supervision (C1-a + C2-a4 = total cost) $_____

4. Average field supervision cost per trainee

(C3 ÷ # of trainees = average cost per trainee) $_____

D. Cost Analysis

1. For each of the following cost categories, please compare budgets and actual costs during the most recent year.

	Budgeted	Actual Cost	Diff. + or -
• Personnel	_____	_____	_____
• Supplies	_____	_____	_____
• Tuition	_____	_____	_____
• Travel	_____	_____	_____
• Field Supervision*	_____	_____	_____
• Final Assessment	_____	_____	_____
• Other (list)			
_____	_____	_____	_____

*Not included in personnel

_____	_____	_____	_____
_____	_____	_____	_____

2. Were budgeted costs same as actual costs? ☐ Yes ☐ No

If No, complete a-c; if Yes, skip to Self-Analysis.

a. Were they: over? ☐ Yes ☐ No

under? ☐ Yes ☐ No

b. In what categories were they overrun? _____

_____

c. In what categories were they underrun? _____

_____

Self-Analysis for 6. Program Costs

1. What kinds of identified resources do you need:

_____

_____

2. What budget modifications do you envision to balance cost overruns or underruns?

_____

_____

3. Compare actual average cost per trainee to proposed (budgeted) average cost. If there are differences, what implications for future actions do you see?

_____

_____

4. Did the program lose resources as a result of trainee dropouts? ☐ Yes ☐ No

If yes, what actions are considered for the future?

_____

_____

Field Supervision Costs

5. What percentage of money expended was required to sustain field supervision?

_____

6. How does the cost compare to the established tuition rates of the institution?

_____ higher _____ lower

7. What impact does this have on available funds and what program or administrative changes may be warranted?

_____

_____

Program Improvement

8. List future actions which you plan to take:

_____

_____

_____

7. CDA Training Program Process, Outcomes and Impacts

Program Process

A. The program has formal procedures for tracking trainee/intern progress. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1d; if No, skip to Question B.

1. These procedures include:

a. Conducting initial and ongoing appraisals ☐ Yes ☐ No

b. Conducting field observations ☐ Yes ☐ No

c. Monitoring course completion ☐ Yes ☐ No

d. Monitoring attainment of CDA credential ☐ Yes ☐ No

B. The program takes follow-up actions when it is observed that trainee will not complete training within a two-year time period. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1c; if No, skip to Question C.

1. These actions include:

   a. Revise individual training plan. ☐ Yes ☐ No

   b. Counsel Trainee ☐ Yes ☐ No

   c. Other (specify) ☐ Yes ☐ No

   _____

C. The program takes follow-up actions when it is observed that trainees are not participating in training. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1d; if No skip to Question D.

1. These actions include:

   a. Follow-up with individual trainee ☐ Yes ☐ No

   b. Follow-up with field trainer ☐ Yes ☐ No

   c. Follow-up with employing agency ☐ Yes ☐ No

   d. Other (specify) ☐ Yes ☐ No

   _____

D. The program provides counseling to assist individuals to leave, if deemed appropriate. ☐ Yes ☐ No

E. Indicate the number of trainees who have been in CDA training:

   12 months or less _____

   13-24 months _____

   more than 24 months _____

Program Outcomes

F. During this program year, there were some trainees who left the program prior to assessment. ☐ Yes ☐ No

If No, skip to Question G. If Yes, answer 1a-3.

1. a. Indicate the number of trainees who left the program prior to assessment.

_____

b. Indicate the number who left early enough to be replaced by another trainee without additional cost.

_____

2. List below the total number of trainees who left the program, by reason for leaving:

Reason	Number
a. Left Head Start employment:	
--while in CDA training	_____
--after being credentialed as a CDA	_____
b. Dropped out of CDA training	_____
c. Were counseled out of CDA training	_____
d. Other (please specify reason)	_____

_____

_____

3. Calculate the attrition rate for your program during the last program year. (Number of trainees who left before credentialing ÷ the number of trainees enrolled X 100).

_____ (# who left before being credentialed) ÷ _____ (# trainees enrolled) X 100 = _____ (attrition rate)

G. Indicate the number of trainees currently enrolled in your program who are expected to receive their CDA credential by the end of the program year.

_____

1. Indicate the average length of time these trainees have been enrolled in your program.

_____

2. For this group of trainees, indicate the shortest time taken to complete the program as well as the longest time.

Shortest time: _____

Longest time: _____

H. Indicate the percentage of trainees completing the program who have been credentialed.

_____

I. Indicate the total number of trainees who enrolled in a degree program after receiving their credential. (The total cumulative number since the beginning of your CDA training program.)

_____

Program Impacts

A. The presence of this CDA project has had a positive impact on the training institution. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1f; if No, skip to Question B.

1. These impacts include:

a. changes in the regular curriculum ☐ Yes ☐ No

b. increased emphasis on competency-based instruction ☐ Yes ☐ No

c. Increased field experiences ☐ Yes ☐ No

d. Increased materials and resources ☐ Yes ☐ No

e. additional faculty ☐ Yes ☐ No

f. Other (specify) ☐ Yes ☐ No

_____

_____

B. The presence of this CDA project has had a positive impact on the regular student population in the institution. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1d; if No, skip to Question C.

1. These impacts include:

   a. more varied field settings for student practicum ☐ Yes ☐ No

   b. enriched opportunities for learning from work experiences of CDA trainees ☐ Yes ☐ No

   c. Increased materials and resources ☐ Yes ☐ No

   d. Other (specify) ☐ Yes ☐ No

   _____

   _____

C. The presence of this CDA project has had an impact on the university department in which it is located. ☐ Yes ☐ No

If Yes, complete Questions 1a through 1f; if No, skip to Question D.

1. These impacts include:

   a. courses are jointly taught ☐ Yes ☐ No

   b. faculty are informed and involved in CDA program ☐ Yes ☐ No

   c. faculty participate as consultants in CDA program ☐ Yes ☐ No

   d. greater emphasis on field practicum ☐ Yes ☐ No

   e. greater emphasis on competency-based education ☐ Yes ☐ No

   f. Other (specify) ☐ Yes ☐ No

   _____

   _____

D. The CDA project has become a part of the regular academic program ☐ Yes ☐ No

If Yes, complete Questions 1a through 1e; if No skip to Question E.

1. The incorporation of the CDA project is reflected in the following ways:

   a. CDA course offerings are listed in the college catalog ☐ Yes ☐ No

   b. course credits are applicable to a degree program ☐ Yes ☐ No

   c. credits are applicable as core credits rather than elective credits ☐ Yes ☐ No

   d. CDA staff also have non-CDA teaching or administrative responsibilities ☐ Yes ☐ No

   e. Other (specify) ☐ Yes ☐ No

   _____

   _____

7. a. Self Analysis for CDA Training Program Process, Outcomes and Impacts

   A. Program Process

   1. Are changes needed in program procedures for tracking trainee progress and ensuring adequate trainee progress towards the CDA credential? ☐ Yes ☐ No

   2. If Yes, what program changes are being planned/considered?

   _____

   _____

   _____

   (You may want to refer to the following documents for assistance in identifying program changes: CDA Pilots: Innovations in Training and The Child Development Associate Program: A Guide to CDA Program Administration.

   B. Program Outcomes

   1. Have you identified problems related to trainee retention or attrition? ☐ Yes ☐ No

2. If Yes, what program changes are being planned/considered?

_____

_____

_____

C. Program Impacts

1. Has the CDA project had an adequate impact on the training institution, student population, university or department in which it is located? ☐ Yes ☐ No

2. If No, what program changes are being planned or considered?

_____

_____

_____

7. NAME OF PERSON TO CONTACT IF ADDITIONAL INFORMATION REGARDING THIS FORM IS NEEDED:

Name	Title	Telephone

8. NAME AND TITLE OF APPROVING OFFICIAL

(Institution/Organization Director or other individual responsible for certifying that this form is the institution's authorized response.)

Signature	Title	Date

9. COMMENTS

Comments (continued)

END OF PART II

Mail one copy of Part II Self-Analysis to each Head Start agency whose staff you train for CDA, the ACYF Regional Office, and the ACYF National Office.

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